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Bib Data Sheet

CONFIRMATION NO. 1169

<b>SERIAL NUMBER</b> 09/869,060	<b>FILING DATE</b> 01/03/2002 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1619	<b>ATTORNEY DOCKET NO.</b> 09100.021	
<b>APPLICANTS</b> Frank Frantzen, Bodo, NORWAY; <b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/GB99/04442 12/30/1999 <b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 9900159.6 01/05/1999 <div style="text-align: right;"><b>** SMALL ENTITY **</b></div>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <input checked="" type="checkbox"/> Allowance Acknowledged <input type="checkbox"/> Examiner's Signature <input type="checkbox"/> Initials		<b>STATE OR COUNTRY</b> NORWAY	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> Karen Lee Orzechowski Liniak Berenato Longacre & White Suite 240 6550 Rock Spring Drive Bethesda, MA 20817					
<b>TITLE</b> Assay for homocysteine					
<b>FILING FEE RECEIVED</b> 722	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		